

The voice of the Case Manager

CMASANOW

BENEFITS OF
ON-SITE CASE MANAGEMENT

NETWORK & GROW TOGETHER
*COMMITMENT FROM GAUTENG
REGIONAL CHAPTER*

CMSUK 2018
FEEDBACK

LAS VEGAS
JUNE 2019

Note from the desk of the Chairperson

Carol Garner - South Africa

Its hard to believe that we are in the 2nd month of the year, it is certainly true that the older we get the faster time passes.

I hope that you are enjoying the new format of the newsletter in the form of the digital magazine, if anyone is keen on advertising in it please let me know.

We had a busy end to 2018 with the UK case managers conference and our year end functions, the chapters have already started planning their events for 2019 so look out for the mailers sent out by Sharon.

Conference is 4 months away and there is a great line up of speakers once again, invitations are already out so it's up to you to register.

I have recently been asked what the benefit is of belonging to CMASA, well all I can say is you get out as much as you put in.

We can plan all the meetings and conferences we like but if you do not attend and participate you will get nothing out. The networking with like minded people is invaluable as you soon realise our challenges are all the same and we can learn from each other.

The economic value is easy to calculate, the annual fee is R350, each chapter has at least 3 meetings a year at a cost of R100 a meeting and case managers week meeting is R350 but if you are a paid up member there is no charge.

If you register for conference you get another R100 discount in addition to the delegate gifts and goodies.

I really hope to see more and more of you at the various meetings this year so that together we can make an impact.

See you soon.





TOGETHER TOWARDS TOMORROW

INVITATION

DATES

Wednesday 15 May:

Workshop - "The Real Impact of Case Management from both Funder and Providers Perspective"

VENUE

Century City Conference Centre & Hotel
 No.4 Energy Lane, Bridgeways Precinct
 Century City
 021 204 8000

WORKSHOP COST

Paid Up Members (2019)

R1900.00 per delegate. Includes Lunch & Tea Breaks

Non Paid Up/Non Members

R2300.00 per delegate. Includes Lunch & Tea Breaks

CONFERENCE COST

Paid up Members (2019)

Full Conference Fee - 2 days @ R1760.00 per delegate
 Includes Lunches, Tea Breaks, Gala Dinner & Awards

Non Paid Up/Non Members

Full Conference Fee - 2 days @ R2300.00 per delegate
 Includes Lunches, Tea Breaks, Gala Dinner & Awards
 (Early Bird discount of R100 applies if 2 day Conference Fee is paid by 31 March)

Conference Fee per Day @ R1150.00 per delegate.
 Includes Lunch, Tea Breaks, Gala Dinner & Awards.

Partner Dinner R465

Single/Return Airport Shuttle - R200/R400

ACCOMMODATION

Single: R1364.00 per person per night, Bed & Breakfast

Double: R1760.00 per room per night, Bed & Breakfast
 A 1% Tourism is included

Thursday, 16 & 17 May:

Conference - "Together towards Tomorrow"

WORKSHOPS & CONFERENCE REGISTRATION

Deadline: Friday, 24 April

Should you wish to attend, please [click here](#) to register online. If you do not have access to register online, please request a registration form.

DELEGATE PAYMENT PROCEDURES

All Workshop, Conference & Accommodation costs to be paid in full before the respective start/arrival dates. CMASA do not have credit card facilities. No payments will be accepted at the Conference. Please email proof of payment to Sharon and reference the payment with your name & surname or invoice number.

Cancellation Policy - There will be no refunds for cancellations; however, registration may be transferred to another delegate for the same event. If the alternate is not a member of CMASA and the original registrant is a member, the non member difference must be paid. It is the responsibility of the registered attendee to contact Sharon if unable to attend.

ACCOMMODATION BOOKING PROCEDURE

Deadline: Friday 24 April

Should you wish to make a reservation, register online together with your Conference booking.

Please note that accommodation rates will only apply if accommodation is booked & paid directly through CMASA. Check-in time is from 14h00 and check-out time is no later than 11h00.



TOGETHER TOWARDS TOMORROW

WORKSHOP

“The Real Impact of Case Management from both Funder and Providers Perspective”

Date: Wednesday, 15 May

Time: 09H30 - 16h30

Dress Code: Smart Casual

Tea/Coffee on Arrival

Lunch

Afternoon Tea/Coffee Break

Evening at Leisure. Dinner for your own account.

CONFERENCE DAY 1

Date: Thursday, 16 May

Time: 10h00 - 17h00

Dress Code: Smart Casual

Tea/Coffee on Arrival

Lunch

Afternoon Tea/Coffee Break

GALA DINNER & AWARDS

Pre Dinner Drinks

Time: 19h00 - 19h30

Dinner

Time: 19h30 - 23h00

Theme: Rock ‘n Roll

Full Cash Bar Available

CONFERENCE DAY 2

Date: Friday, 17 May

Time: 08h30 - 15h30

Dress Code: Smart Casual

Tea/Coffee on Arrival

Mid-Morning Tea Break

Lunch

* Please note that the daily programme is subject to change

For further details, please contact Sharon Doré 082 927 1442/021 461 0297 or sharon@casemanagement.co.za.

Looking forward to seeing you in the Western Cape.

Focus on Onsite Case Management

By Marthie Kruger

“Unless someone like you cares a whole awful lot, Nothing is going to get better. It’s not.” Dr Zeus

To fully understand the benefits of onsite case management one must look at the definition and philosophy of case management. I have taken the following definitions of case management from the case management society of America.

Definition of Case Management

Case Management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost-effective outcomes.

Philosophy of Case Management

The underlying premise of case management is based in the fact that when an individual reaches the optimum level of wellness and functional capability, everyone benefits: the individuals being served, their support systems, the health care delivery systems and the various reimbursement sources.

Case management serves as a means for achieving client wellness and autonomy through advocacy, communication, education, identification of service resources and service facilitation. The case manager helps identify appropriate providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner to obtain optimum value for both the client and the reimbursement source.

Case management services are best offered in a climate that allows direct communication between the case manager, the client, and appropriate service personnel, to optimize the outcome for all concerned.

Onsite case management

Is when a case manager personally visits the patient/ family in the hospital, sub-acute or rehab, or home. Gathers clinical and financial information real time, scores the level of care and functional ability of each patient.

From these definitions and philosophy one can clearly see that for some cases, especially the big and complex cases, onsite case management is imperative.

Onsite case management is not a duplication of function from the hospital case manager. Yes, even though the onsite case manager gathers clinical information to form a clinical picture they also gather other information like scan results, blood results, doctors’ notes.

A lot of times onsite case managers will also get motivation letters and speed up the process of getting this information to the scheme This Information is sometimes time consuming to obtain and the hospital case managers simply do not have enough time to get the documents.

On site case managers gather a comprehensive history of the patient. Onsite case managers also take interest in where the patient came from and where they are going. A patient is not always just a once off hospital event. A patient is often a story of multiple admissions over a period.

The onsite case manager is part of the multi-disciplinary team that ensures the patients best interest is kept at heart.

Onsite case management involves personal visits to the patient/ family, attending physician and others who may fulfill crucial functions in the management of the case. It is much more effective than telephonic case management.

With onsite case management, it is often possible to explore issues in more depth than one can do in a phone call. The case manager can identify crucial things that cannot be done over a phone. The on-site case manager forms a crucial part of the multidisciplinary team and can gain valuable information when they attend the meetings with the whole team.

On site visits are more intimate in the sense that they convey to the patient and family that someone is taking a personal interest in his or her medial progress. This can be extremely important to a family in crisis because one of its members has had a catastrophic injury or sudden medical emergency.

Onsite visits also create the impression that the referral source is interested in the well being of the client as well as saving money for the funder. Onsite case management puts the funder at the bedside of the patient. The patient gets peace of mind that their scheme is interested in their wellbeing.

Quality of care issues can often be addressed more effectively on site. Where the case manager has the opportunity to observe what is actually going on. Likewise, it is sometimes easier to resolve certain problems when all parties involved can observe the situation and, therefore, have accurate information about what is truly happening.

The onsite case manager can in their reporting create a full picture for the funder. They often walk a long road with their patients. Not all case manager has the privilege of seeing a patient directly after a catastrophic event, their road to recovery in the acute facility. Transfer to rehabilitation and eventually home. Patient needs change throughout this process and the onsite case manager is the ideal voice for the patient.

One of the multiple benefits of onsite case manager is that the funder received up to date and accurate information. This information assists the funder to update cases for the hospital more accurately. The advantage for the hospital/ sub-acute and treating doctor is that the case manager will ensure that cases are updated and therefore bills will be paid. The onsite case manager is often asked to sort out queries on behalf of the hospital as they have a more direct line with the funder.

With onsite case management everyone benefits, mostly the patient and that is the most rewarding benefit.

References

<http://www.cmsa.org/who-we-are/what-is-a-case-manager/> Fundamentals of case management published by Mosby 1998



Gauteng regional chapter committed to networking and growing together

By CMASA Gauteng Chapter

Welcome to 2019, fellow members - we look forward to an exciting year of growing and promoting the Gauteng regional chapter, ensuring that collectively, we work together to advance the work of case managers' in the province and nationally.

Our vision is to have a chapter that is diversified, inclusive and representative of our dynamic healthcare industry. Our goal is to increase our membership base, encourage participation in all chapter activities during the year and promote as well as facilitate ongoing case management education in an evolving healthcare sector. A planning meeting was held recently by the Gauteng chapter leaders. We have scheduled three-chapter meetings for March, August and October where we will celebrate case managers' week. Invites will be sent out closer to the events. We are looking forward to an excellent attendance by all as this will be an ideal networking opportunity including recruiting new members.

The Gauteng chapter leaders are representatives of our members and as such we endeavour to serve with commitment, integrity, and transparency. The chapter forum is also aligned to the National CMASA goals i.e. "through educational forums, networking opportunities, legislative advocacy and establishing standards of practice to advance the case management profession". Our primary focus is to utilise the chapter meetings to inform, support and educate case managers.

We are looking forward to meeting our members at the chapter meetings. Feel free to contact any of our leaders if you have suggestions, ideas or recommendations to improve the Gauteng chapter with regards to networking, membership and education.

Best regards
Your Gauteng Chapter Leader Team



(Amanda Louw, Annamarie Ernst, Brenda Naidu, Christa Minnaar, Theresa Naidoo, Thoko Mlungwana)

Case Management Society of United Kingdom (CMSUK) Conference 2018

By Kay Cupido

I had the privilege and honour to attend the CMSUK Conference in November last year with Carol Garner.

Carol had met a member of the CMSUK committee at the USA Case Manager's Conference earlier in 2018 and got an invitation for herself and one other delegate to attend.

What an experience this was for me, as it was my first time going abroad.

The Conference was held in Bristol at the Mercure Bristol Grand Hotel and we stayed in the hotel.



The Conference was in many ways a lot different to the way our conferences were run. There were various sessions and during the middle session we could choose a stream in which we were interested in. So for example we could choose between Vocational/Psych Rehabilitation, Physical rehabilitation and Brain rehabilitation.

This gave us the opportunity to attend the sessions we were interested in. It was very enlightening to hear how they did things but at the same time a bit frustrating because most of these facilities or healthcare benefits we did not have access to in our country. The majority of the conference focused on rehabilitation in some way or other.

Case Management there was also mainly Occupational therapists, Physiotherapist and only a small amount of nurses.

Their exhibition area provided many different types of companies and what they had to offer. It was amazing how much was to offer in terms of rehabilitation to the patients in the UK.

The Conference was really worth the trip and I felt that I learned so much especially seeing that rehabilitation plays such a vital role in what I do on a daily basis. It opened my mind to new ideas, it doesn't mean that because we do not have access to certain things we cannot get access to it.

We were made to feel so welcome by the committee as well as the other delegates at the Conference.

A banner for the CMSUK Conference 2018. The banner features the CMSUK logo on the left, the conference title in the center, and a list of activities on the right. The background of the banner shows a table set with water bottles and glasses.

cmsuk
CASE MANAGEMENT SOCIETY UK

Conference 2018 'Innovation & Evidence Based Practice'

Mercure Bristol Grand Hotel
Thursday 22nd & Friday 23rd
November 2018

- 2 day programme of talks
- Dedicated Exhibition Area
- Networking opportunities:
 - Pre event Drinks Reception
 - Dinner Dance
- Conference App

Spotlight on the Standards of Practice #2

By CMASA

A. STANDARD: CLIENT ASSESSMENT

The professional case manager should complete a thorough individualized client centred assessment that takes into account the unique cultural and linguistic needs of that client including client's family or family caregiver as appropriate.

It is recognized that an assessment:

- is a process, that focuses on evolving client needs identified by the case manager over the duration of the professional relationship and across the transitions of care;
- involves each client and/or the client's family or family caregiver as appropriate, and;
- is inclusive of the medical, cognitive, behavioural, social, and functional domains, as pertinent to the practice setting (Kathol, Perez, & Cohen, 2010) the client uses to access care.

How Demonstrated:

Documented client assessments using standardized tools, both electronic and written, when appropriate. The assessment may include, but is not limited to the following components:

Medical

- Presenting health status and conditions
- Medical history including use of pre-scribed or over the counter medications and herbal therapies
- Relevant treatment history
- Prognosis
- Nutritional status

Cognitive and Behavioural

Mental health

- History of substance use
- Depression risk screening
- History of treatment including prescribed or over the counter medications and herbal therapies

Cognitive functioning

- Language and communication preferences, needs, or limitations

Client strengths and abilities

- Self-care and self-management capability
- Readiness to change
- Client professional and educational focus
- Vocational and/or educational interests
- Recreational and leisure pursuits

Self-Management and Engagement Status

- Health literacy
- Health activation level
- Knowledge of health condition
- Knowledge of and adherence to plan of care
- Medication management and adherence
- Learning and technology capabilities

Social

Psychosocial status:

- Family or family caregiver dynamics
- Caregiver resources: availability and degree of involvement
- Environmental and residential

Financial Circumstances

Client beliefs, values, needs, and preferences including cultural and spiritual

Access to care

- Health insurance status and availability of health care benefits
- Health care providers involved in client's care
- Barriers to getting care and resources

Safety concerns and needs

- History of neglect, abuse, violence, or trauma
- Safety of the living situation

Advanced directives planning and availability of documentation

Pertinent legal situations (e.g. custody, marital discord, and immigration status)

Functional

Client priorities and self-identified care goals

Functional status

Transitional or discharge planning needs and services, if applicable

- Health care services currently receiving or recently received in the home setting.
- Skilled nursing, home health aide, durable medical equipment (DME), or other relevant services
- Transportation capability and constraints

Follow-up care (e.g., primary care, specialty care, and appointments)

Safety and appropriateness of home or residential environment

Reassessment of the client's condition, response to the case management plan of care and interventions, and progress toward achieving care goals and target outcomes.

Documentation of resource utilization and cost management, provider options, and available health and behavioural care benefits.

Evidence of relevant information and data required for the client's thorough assessment and obtained from multiple sources including, but not limited to:

Client interviews:

- Initial and ongoing assessments and care summaries available in the client's health record and across the transitions of care;
- Family caregivers (as appropriate), physicians, providers, and other involved members of the interprofessional health care team;
- Past medical records available as appropriate; and
- Claims and administrative data.

Who will be the 2019 Case Manager?

Entries are invited for the 2019 Case Manager awards, the awards this year will be considered in the following categories:

- Hospital Case Manager of the year
- Funder Case Manager of the year
- Collaborative Team of the year
- Student of the year
- Overall Case Manager of the Year
- Service Excellence and Innovation Award

A documented case study must accompany the entry with the exception of the Overall Case Manager and the Unique award which require specific nomination.

Please remember to remove all identifiers from the patient and hospital information to maintain confidentiality. Any pictures submitted must have the written permission of the participants.

Entries must be submitted electronically to awards@casemanagement.co.za

Closing dates for entries is 4pm on 29 March 2019

NB: CMSA reserves the right to remove an award category should an insufficient number of entries be received for a category.

Who is coming to Las Vegas?

Conference Date
10 to 14 June 2019

Costs
Flight : R17 000
Accommodation: R18 000
Conference: R9 000
Incidentals: R1 000
Total investment: R45 000

For More Information
conference.cmsa.org



Navigating the Full Spectrum of Case Management

Las Vegas
JUNE 10-14, 2019

Chuckle Time

When you are bored just think about a few things that don't make sense ...like ;

1. If poison expires, is it more poisonous or is it no longer poisonous?
2. Which letter is silent in the word "Scent," the S or the C?
3. Do twins ever realize that one of them is unplanned?
4. Why is the letter W, in English, called double U? Shouldn't it be called double V?
5. Maybe oxygen is slowly killing you and It just takes 75-100 years to fully work.
6. Every time you clean something, you just make something else dirty.
7. The word "swims" upside-down is still "swims"
8. 100 years ago everyone owned a horse and only the rich had cars. Today everyone has cars and only the rich own horses.
9. If you replace "W" with "T" in "What, Where and When", you get the answer to each of them.

Four great confusions still unresolved

1. At a movie theatre, which arm rest is yours?
2. If people evolve from monkeys, why are monkeys still around?
3. Why is there a 'D' in fridge, but not in refrigerator?
4. Who knew what time it was when the first clock was made?

We can never find the answers, can we?

So just enjoy the pun and fun of the English language!!

These made me think a little.